PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _Gila_

District of _San Carlos_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

Town of ....

or

City of ....

State Index No. _191_

County Registrar No. ....

Local Registrar No. ....

No. .... St., ... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Goldie Gilson_

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth
Female		5. No., in order of birth	_yes_	_4_ _28_ _27_ Month Day Year

8. FATHER	14. MOTHER
Full name _Nato Gilson_	Full maiden name _Josephine Kayson_
9. Residence (Usual place of abode) _San Carlos_ Ariz	15. Residence (Usual place of abode) _San Carlos_ Ariz
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race _4/4 Indian_	11. Age at last birthday _29_ (Years)	16. Color or race _4/4 Indian_	17. Age at last birthday _27_ (Years)
12. Birthplace (city or place) _Rice_	18. Birthplace (city or place) _San Carlos_
(State or country) _Ariz_	(State or country) _Ariz_
13. Occupation _Common Labor_ Nature of industry	19. Occupation _Housewife_ Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living _1_ (b) Born alive but now dead _2_ (c) Stillborn _0_	21. Were precautions taken against ophthalmia neonatorum? _No_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Report
I hereby certify that I attended the birth of this child, who was _born alive_ at _6_ _W_ m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature .... _C H Sawyer M.D._
(Physician or midwife).

Address _San Carlos, Ariz_

Given name added from a supplemental report .... Filed ...., 19......
Month, day, year

Filed ...., 19......

.... Registrar

C H Sawyer
Local Registrar)

.... County Registrar.

_775-428-125_